

CITY OF SAN MATEO

Special Community Event Application



Application Date: _____

1. APPLICANT INFORMATION

Sponsoring/producing organization name: _____

Is this a nonprofit or charitable organization? Yes No

Mailing address: _____ City: _____ Zip: _____

Applicant name & title: _____

Primary phone #: _____ Cell phone #: _____

Applicant E-Mail: _____

Organization/Event website: _____

On-site event contact name & title: _____

Cell phone #: _____

2. EVENT INFORMATION

Event title/name: _____

Event location: _____

Event Type: Choose event types below that pertain to your event (select all that apply):

- | | | | | |
|-------------------------------------|---|--|---|--------------------------------|
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival | <input type="checkbox"/> Run/Walk | <input type="checkbox"/> Concert | <input type="checkbox"/> Other |
| <input type="checkbox"/> Free event | <input type="checkbox"/> Fair/Carnival | <input type="checkbox"/> Performing arts | <input type="checkbox"/> Car Show | |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Sporting event | <input type="checkbox"/> Cycling | <input type="checkbox"/> Food truck event | |

Event description: _____

Event set up: Date: _____ Time: _____ Day of week: _____

Event starts: Date: _____ Time: _____ Day of week: _____

Event ends: Date: _____ Time: _____ Day of week: _____

Break down: Date: _____ Time: _____ Day of week: _____

Is this a recurring event (such as weekly or monthly)? Yes No

If yes, provide explanation: _____

Is this a first time event? Yes No

If event has been produced in the past, are there any changes from previous years? Yes No

If yes, describe changes: _____

Is event on private property? Yes No

If event is on private property, is the property owner applying for this permit? Yes No

If no, a letter of authorization from the property owner must be submitted at the time of application.

Is event open to the public? Yes No

Is there an admission fee? Yes No If yes, provide admission fee \$ _____

What is the anticipated attendance? Overall: _____ Daily: _____ Per hour: _____

Previous year's attendance (if applicable): Overall: _____ Daily: _____ Per hour: _____

3. SPECIAL EVENT DETAILS

Special event requests and specific equipment may require additional submittal materials.
Please review the submission checklist in next section for requirements related to any checked box.

Please check any of the following special requests (select all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Street closure | <input type="checkbox"/> Serving/selling alcohol | <input type="checkbox"/> Access to electricity |
| <input type="checkbox"/> Serving/selling food | <input type="checkbox"/> Vendors | <input type="checkbox"/> Cooking equipment |
| <input type="checkbox"/> Food trucks | <input type="checkbox"/> Carnival rides | <input type="checkbox"/> Live animals |
| <input type="checkbox"/> Multi-jurisdiction event | | |

Please check equipment below that will be used at your event (select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Staging/scaffolding | <input type="checkbox"/> Tents/canopies | <input type="checkbox"/> Portable restrooms |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Inflatable objects/bounce houses | <input type="checkbox"/> Sinks/hand-washing station |
| <input type="checkbox"/> Amplified sound | <input type="checkbox"/> Generators | |

Please list the outside companies or vendors that you are using for set up/takedown or equipment for any of the checked boxes in this section: _____

4. SUBMISSION CHECK LIST

When submitting your application please provide the following:

- Fully completed Special Community Event Permit Application
- Application Fee
- Site Plan diagram of event
- Route Map (if event requires street closure)
- Letter of authorization from property owner (if the event is being held on private property and applicant is not the property owner)

After initial review, the Special Community Events Committee may request additional submittal materials, depending on the event:

- General Liability Insurance Certificate with required endorsements (submit at least 14 working days prior to the day of the event)
- Proof of San Mateo Business License for each vendor (for events with food and/or merchandise sales)
- Copy of County Health Permit(s) (if event is offering food)
- State of California Alcohol Beverage Control (ABC) Permit (if event is offering alcohol)
- Any additional deposits (determined by the Special Community Events Committee)
- Completion of Fire Permit Application (for tents or membrane structures in excess of 400 sq. ft.)
- Letter of notice to surrounding residents/businesses
- Traffic Control Plan (TCP) (if event requires street closure)

Complete application details can be found in the [Special Community Event Guide](http://www.cityofsanmateo.org/DocumentCenter/Home/View/1156) located at <http://www.cityofsanmateo.org/DocumentCenter/Home/View/1156>.

Please return and sign completed application:

The undersigned, as an authorized representative on behalf of the applicant, agrees to meet all conditions required by the City of San Mateo. Any changes in the scope of the event, including but not limited to, expanded or additional use of park areas, special attractions or equipment not specifically approved, or changes in the starting or ending times are grounds for this permit to be revoked immediately. In the event this permit is revoked for failure to meet permit requirements or for implementation of unapproved activities, any fees paid will be forfeited and the applicant will be liable for any costs to the City. I agree to indemnify and hold harmless, The City of San Mateo, its elected and appointed officials, employees and agents for any injury or loss or damages as a result of the event. I agree to defend the City of San Mateo, its elected and appointed officials, employees and agents from and against any such claims.

Signature of Applicant: _____ Date: _____

If applicable, signature of Executive Director of Non-Profit Agency or other responsible party:

_____ Date: _____

Application and other materials can be submitted by email, mail or dropped off in person:

**City of San Mateo
Attention of Public Works
330 W. 20th Ave., San Mateo, CA 94403**

**Email: Publicworks@cityofsanmateo.org
Telephone: 650-522-7300**